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APPLICANTS

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** CONTINUING DATA ***** *Handwritten initials*

** FOREIGN APPLICATIONS ***** *Handwritten initials*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 02/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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Verified and Acknowledged *Handwritten signature*
Examiner's Signature Initials

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TITLE
High-speed general purpose radiographic film

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
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